

12 FEB -3 AM 10:57

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5  
Friends of Mazie Hirono

ADDRESS (number and street) PO Box 677  
Honolulu CITY HI 96809 ZIP CODE  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00420760  
3. IS THIS REPORT X NEW (N) OR AMENDED (A)  
4. STATE DISTRICT HI 00  
For Candidates Only

5. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
April 15 Quarterly Report (Q1)  
July 15 Quarterly Report (Q2) and/or Semi-annual Report  
October 15 Quarterly Report (Q3)  
X January 31 Year-End Report (YE) and/or Semi-annual Report  
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report  
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period  
Special (12S) Convention (12C)  
M M / D D / Y Y Y Y in the State of See Line 6(b)  
Election on  
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period  
M M / D D / Y Y Y Y in the State of See Line 6(b)  
Election on

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers 10 01 2011 through 12 31 2011 and/or X July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
13923.50 27809.50

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carol Puette

*Carol Puette*

Signature of Treasurer Carol Puette Date 01 27 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

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02/2009

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